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STATE OF WASHINGTON
APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

FOR OFFICE USE ONLY	
CHANGE No. <u>CS4-02398CTCL 031</u>	WRIA <u>37</u>
DATE ACCEPTED <u>11/12/08</u>	BY <u>[Signature]</u>
FEE \$ <u>50.00</u>	REC'D <u>6/11/08</u>
CHECK No. <u>6196</u>	
Receipt # <u>205500</u>	
ECY Coding: <u>001-002-WR10285-000011</u>	
SEPA: <input type="checkbox"/> Exempt	<input type="checkbox"/> Not exempt

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>Robert M. and Donna L. McInnis</u>	PHONE NO. <u>(509) 966 2462</u>	FAX NO. <u>()</u>
ADDRESS <u>3412 Marks Road</u>		
CITY <u>Yakima</u>	STATE <u>WA</u>	ZIP CODE <u>98903-9156</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO. <u>()</u>	FAX NO. <u>()</u>
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>Agaveilla 2398 Pope 15</u>	RECORDED NAME(S) <u>Robert McInnis</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

<u>COURT CLAIM 02398</u> <u>SUB 23 AHTANUM</u>		FOR OFFICE USE ONLY	
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____

3. Point(s) of Diversion/Withdrawal:

A. Existing

SE 1/4 NE 1/4 SW 1/4

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Hutton Creek	1	SE	NE	9	12	17		

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Hutton Creek		SE	SE	9	12	17	171209-41412	
Hutton Creek		SW	SE	9	12	17	171209-41405	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES ☒ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	0.17	29.52	April 15 - July 10
	0.01	2.03	April 15 - July 10

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
SAME			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
YC Tax parcels 171209-41404; 171209-41406; 171209-41407; 171209-41412							
171209-41405							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
SAME							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Deeey McClinn

Robert M. McClinn

(Applicant)

615108

(Date)

Deeey McClinn

Robert M. McClinn

(Water Right Holder)

615108

(Date)

Deeey McClinn

Robert M. McClinn

(Land Owner(s) of Existing Place of Use)

615108

(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

☐ APPLICATION FEE NOT ENCLOSED

☐ MAP NOT INCLUDED or INCOMPLETE

☐ ADDITIONAL SIGNATURES REQUIRED

☐ SECTION _____ IS INCOMPLETE

☐ OTHER/EXPLANATION: _____

STAFF: _____

DATE: ____/____/____